PLEASANT GROVE BAPTIST CHURCH
REQUEST FOR PAYMENT

AMOUNT

DATE

PAYEE

Explanation/Purpose

Leave check in office for pick up: _____
(if no, please fill out address below)
Mail Check to:

Signature of Person Requesting Reimbursement

Committee Chairperson Approval/Signature

Please attach receipts and any other documentation to this request.

OFFICE USE ONLY

Date Paid

Check Number

Amount Paid

Date Entered
Initials

ACCOUNT # AMOUNT

ACCOUNT # AMOUNT

ACCOUNT # AMOUNT

ACCOUNT # AMOUNT

ACCOUNT # AMOUNT